

MATTERS

Medication for Addiction Treatment & Electronic Referrals

Harm Reduction 101

Learning Objectives

At the end of the session, participants will...



Understand the
History and
Principles of
Harm Reduction



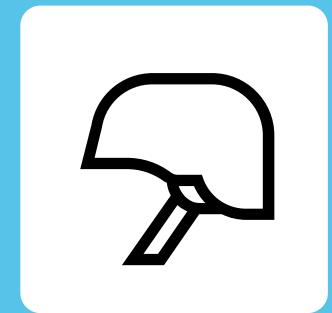
Learn about the dangers of fentanyl and xylazine in the drug supply



Explore the Future of Harm Reduction

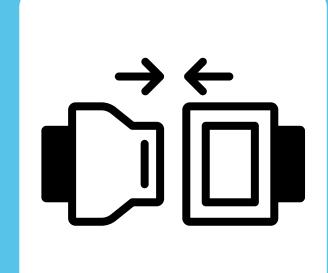
Everyday Harm Reduction

HELMETS



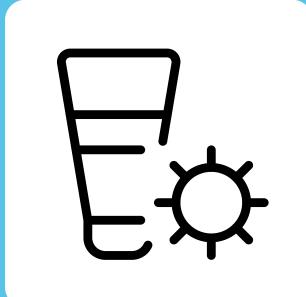
Wearing a helmet or other protective gear when riding a bike or other outdoor recreation activities.

SEATBELTS



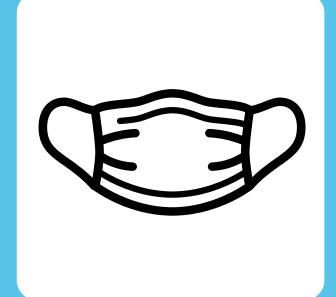
Buckling in when in a car, bus, or airplane.

SUNSCREEN



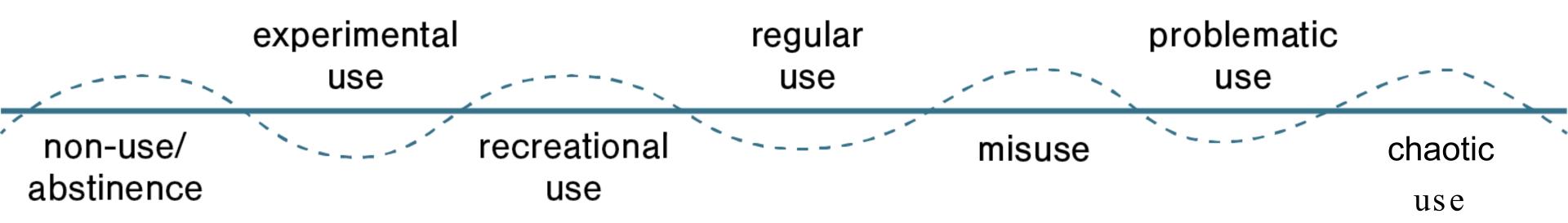
Wearing sunscreen reduces the chance of sunburn or skin damage.

MASKS



Wearing masks
around others to
prevent the spread
of communicable
diseases.

Continuum of Substance Use



90% of people who use drugs do not meet the criteria for a substance use disorder.

*Source: unodc.org/documents/wdr2015/WDR15_Drug_use_health_consequences.pdf

Transtheoretical Model of Behavior Change

These stages do not happen in a linear order; the process is often cyclical. Some stages may be missed, or the individuals might go back to an earlier stage before progressing again.



OPIOIDS

What are opioids?



Natural or synthetic substances that act on the brain

What are opioids used for?

- Opioids are used to treat persistent or severe pain
- Often prescribed following surgery, injury, or cancers
- Can be used illicitly

Why are opioids a risk?

- They are extremely addictive substances
- Taking too many can stop a person's breathing, lead to death

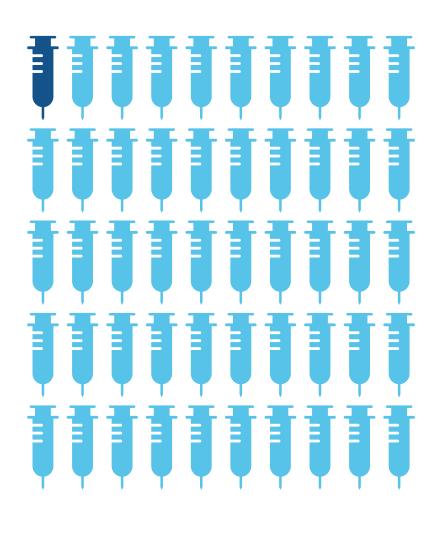
FENTANYL

 Most commonly mixed into heroin but is found in other drugs (cocaine, meth and counterfeit pills)

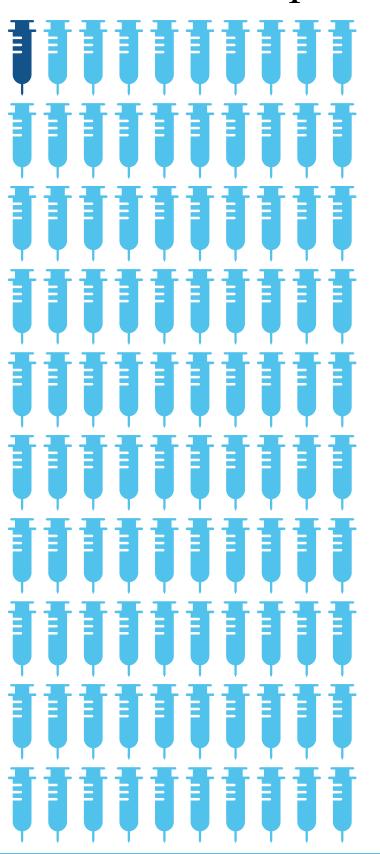
• Usually added into the drug supply before it reaches street dealers

• You cannot overdose simply by touching powdered fentanyl. This is a common MYTH.

30-50 times more potent than heroin



80-100 times more potent than morphine



Medical Fentanyl

- Safety precautions in place
- Has less side effects than other opioids
- Nasalroute available for certain circumstances
- Preferred opioid pain medication



VS

Street Fentanyl

- No safety precautions
- Often contain concentrated doses
- Often contaminated with other substances



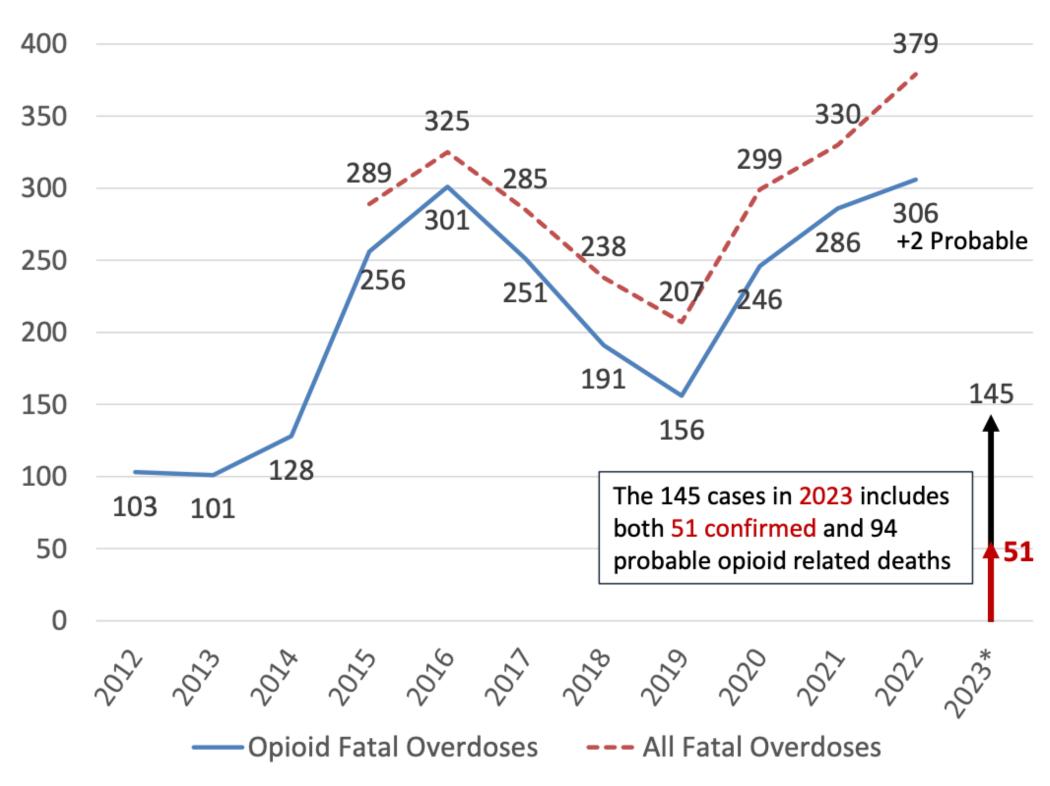
HOWNCHFENTANYL CAN BE LETHAL?





2012 – 2023* OVERDOSE DEATHS ERIE COUNTY 2016: 7% OF

2016: 7% OD deaths tox neg for opioids 2022*: 19% OD deaths tox neg for opioids



Source: Erie County Medical Examiners Office, *Cases Reported thru 4/28/2023

Xylazine...what is it?

- Also known as 'Tranq'
- Developed in 1962 by Bayer pharmaceuticals as an antihypertensive
 - Trials stopped in humans due to hypotension and CNS depression
- FDA approved for veterinary use
- It is a sedative/tranquilizer
 - Lowers level of consciousness, blood pressure, respiration



Xylazine... why is it important?

- May prolong the effects of fentanyl (desired and undesired)
- <u>Does not</u> respond to naloxone
 - Fentanyl/Xylazine
 combined overdose
- Skin wounds

(U) Figure 2. Number of Xylazine-Positive Overdose Deaths by Region

Region	2020	2021	Percent Increase
Northeast	631	1,281	103%
South	116	1,423	1,127%
Midwest	57	351	516%
West	4	34	750%

Source: DEA

Skin Wounds



Graphic photos on next slide!

Skin Wounds

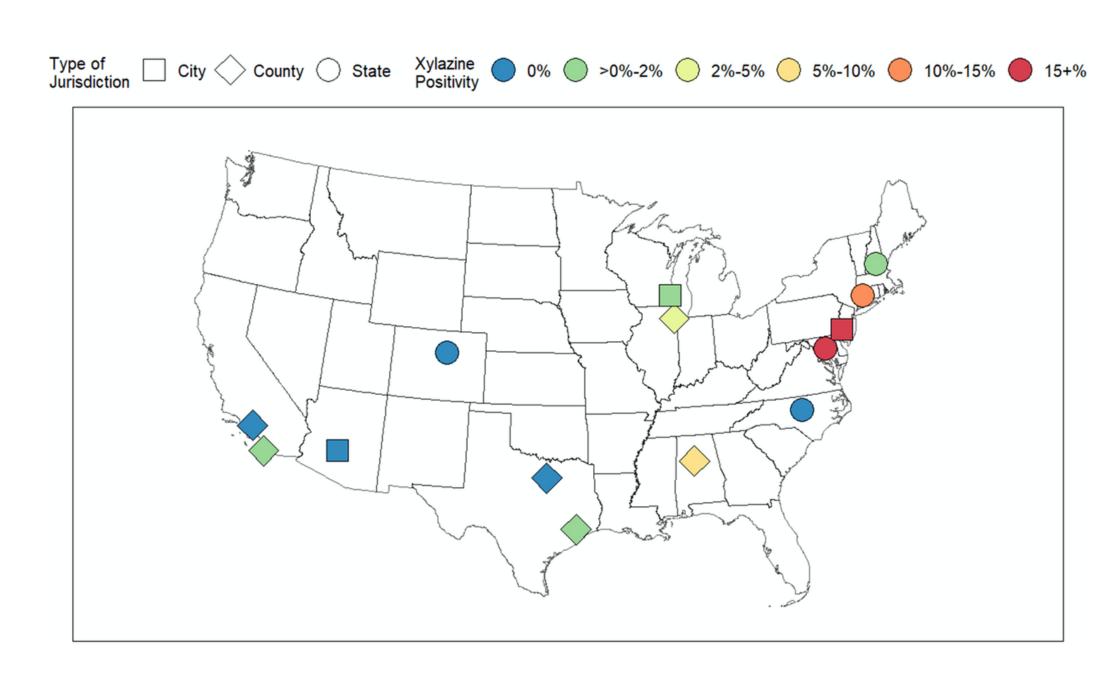




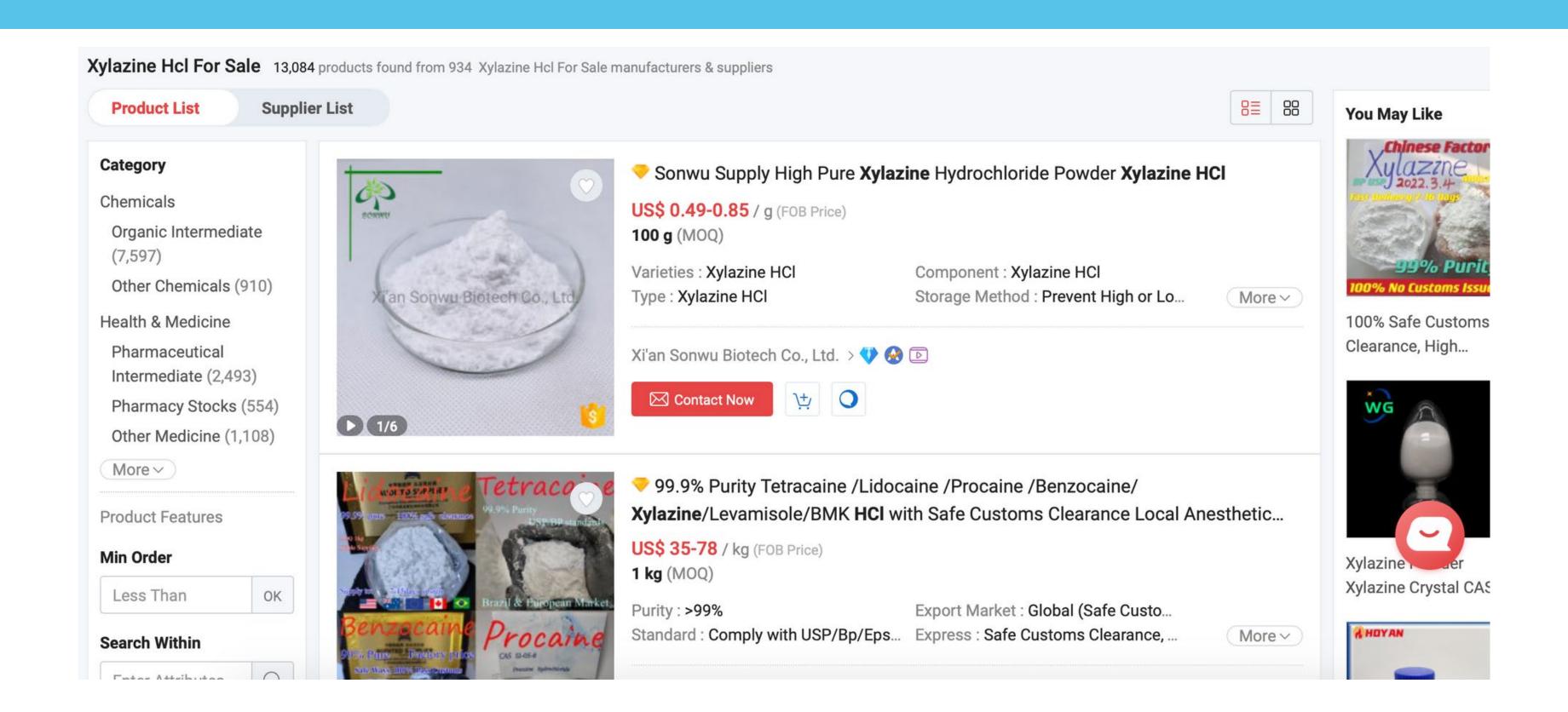


Xylazine... why is it important?

- Early incidence in 2006 in Philadelphia/Camden
- Increased fatal OD involving Xylazine from 2015-2020 in PA
- Becoming more prevalent in New York
 - 2022-13 of the 298 OD deaths in Erie County contained Xylazine



Xylazine... why is it important?



The History of Harm Reduction

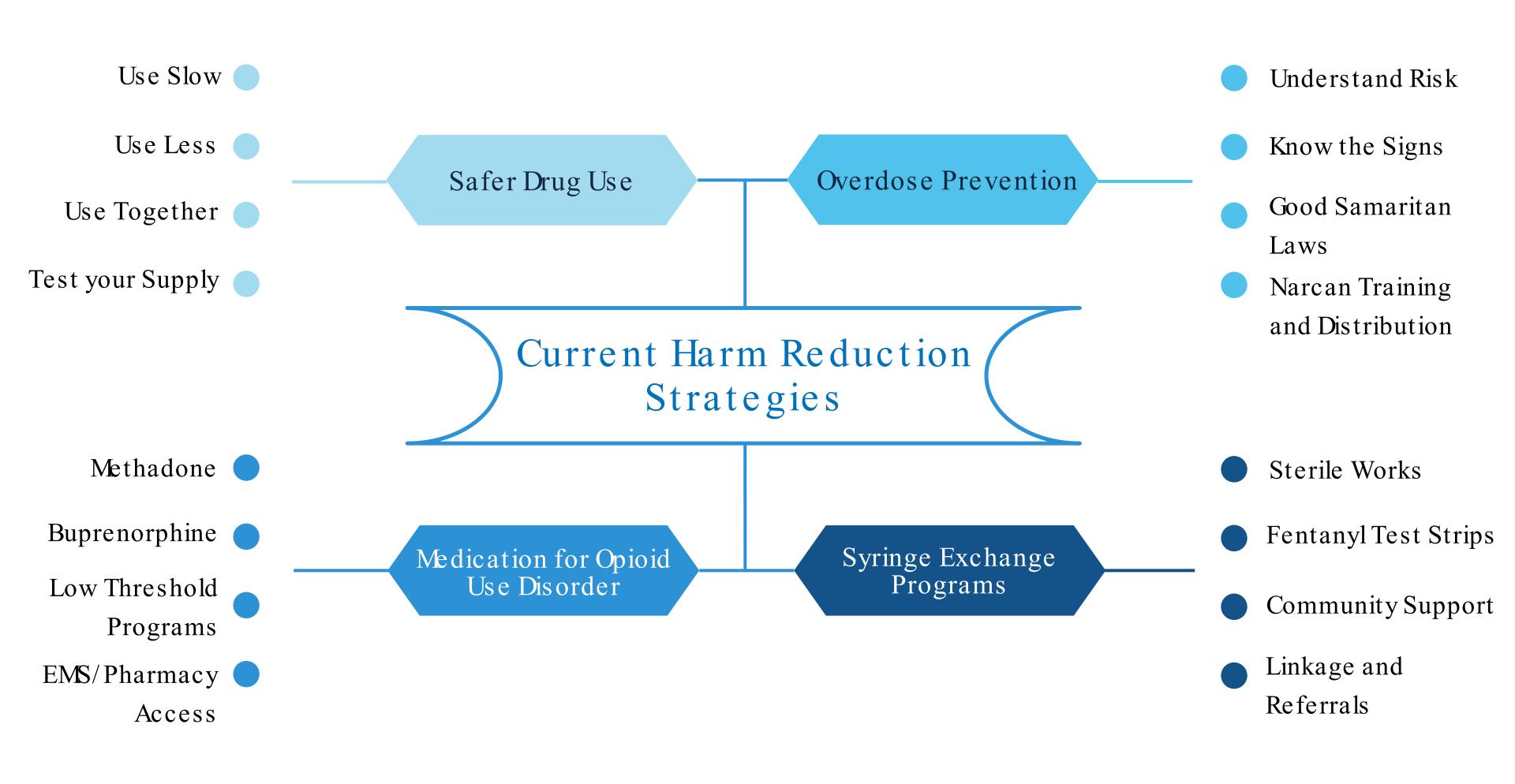
1 Social Movements	Black Panthers, The Young Lords, ACT UP
2 Syringe Exchange Programs	1985: SEP's opened in UK and Amsterdam 1988: First SEP in NYC & Seattle
3 Safe Consumption Sites	1989: Netherlands, Switzerland, Germany, and Australia open 1st safe consumption sites 2022: OnPoint NYC
4 Naloxone	2000: 1st naloxone distribution program opens in Chicago & MA 2006: NYS Legalized Narcan for non-medical persons
Good Samaritan Laws	2007: New Mexico becomes 1st state to pass 911 Good Samaritan law 2011: NYS passes Good Sam Law

HARMREDUCTION

Principles

- Participant Centered Services
- Participant Involvement
- Participant Autonomy
- Pragmatism and Realism
- Culturally Informed
- Health and Dignity







Xylazine test strips



Fentanyl test strips



Naloxone

Current Harm Reduction Strategies

What is MOUD?

Medication for Opioid Use Disorder



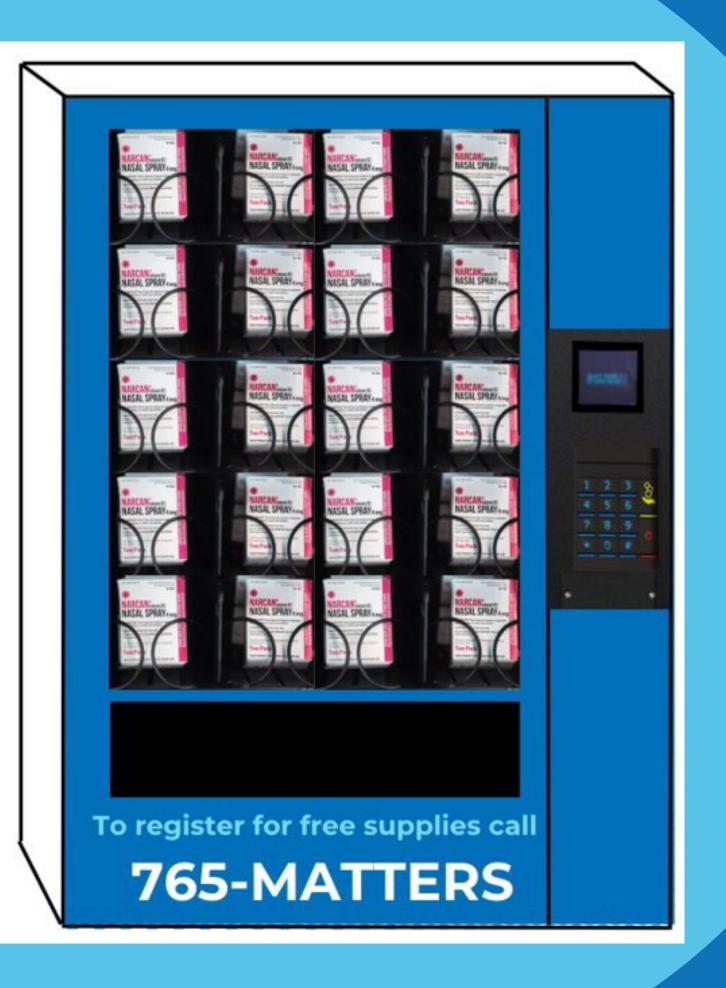
Naltrexone



Buprenorphine



Methadone



Harm Reduction Vending Machines

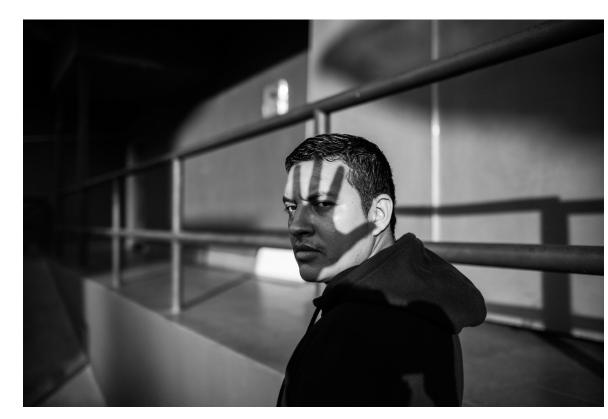
15 Vending Machines will be placed across NYS

Vending machines will contain:

- Fentanyltest strips
- Xylazine test strips
- Naloxone

Why isn't everyone on MOUD?

Barriers



Stigma



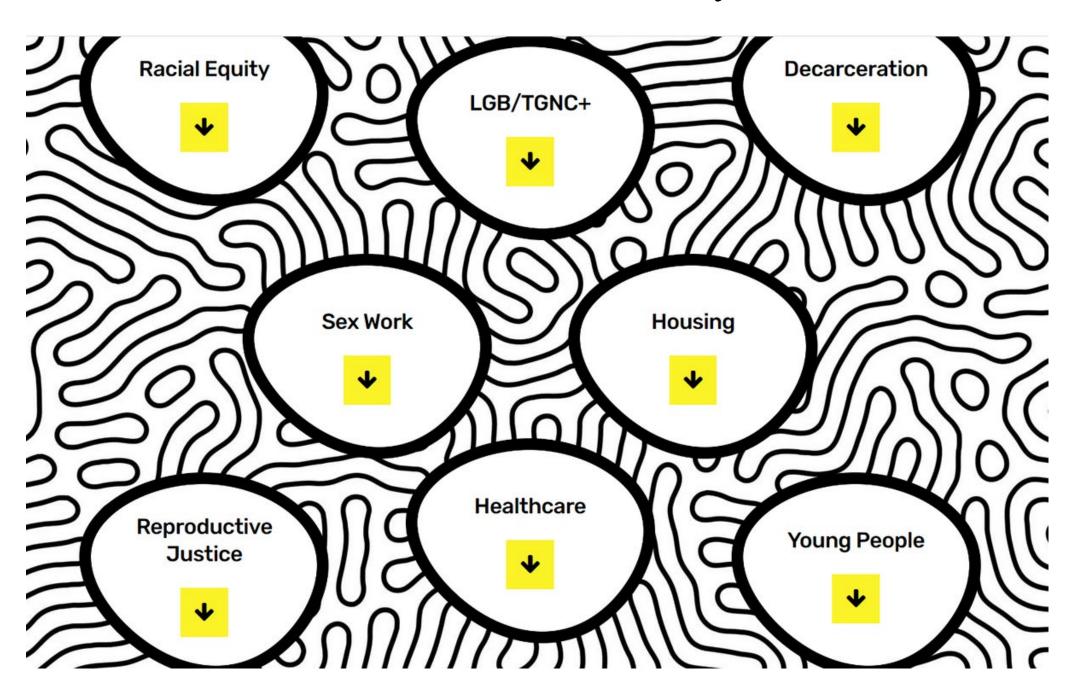


Language MATTERS.

Person-Centered Language

- Aperson is a person first, and behavior is something that can change —terms like 'drug addict" or 'user" imply someone is 'something" instead of someone
- Stigma is a barrier to care and we want people to feel comfortable when accessing services
- People are more than their drug use and harm reduction is a holistic approach
- <u>language guide</u>

Intersectionality



Safe Consumption Sites

SCS are designated sites
where people can use
drugs under the safety
and supervision of
trained personnel



Safer Supply

Providing prescribed medications as a safer alternative to the illicit drug supply to people who are at high risk of overdose

Cost Effectiveness of Harm Reduction

Areview of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco, and illicit drugs

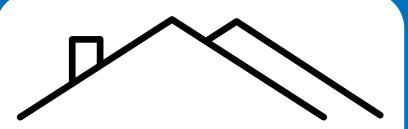
Research shows that ...



Syringe exchange programs reduce HIV transmission and increase users'access to other medical and social support services.



Safe injection facilities
have increased
enrollment in detox
treatment and have not
been shown to increase
social disorder in the
community.



Housing First programs reduce costs of medical/social care and have been shown to improve clinical outcomes for individuals living with HIV/AIDS.

What can you do to reduce stigma?



- Are you using "first person" language?
- Are you mixing up substance use and substance use disorder?
- Are you using sensational or fear-based language?
- Are you using technical language with a single, clear meaning instead of common terms or words with inconsistent definitions?
- Are you unintentionally perpetuating drug-related moral panic?

What can you do?

1.

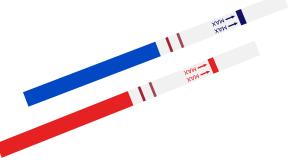
Get trained and carry naloxone



2.

Order test strips HERE!



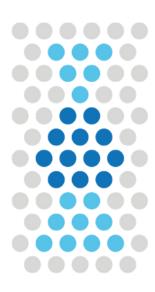


3.

Learn about

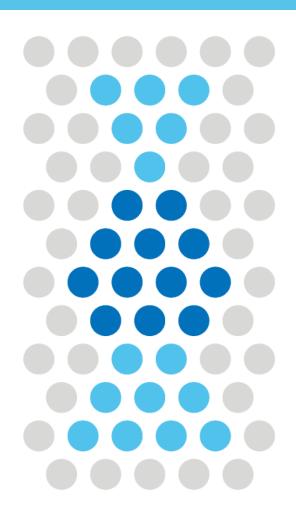
MATTERS

ReferralNetwork



Resources

- https://www.youtube.com/watch?v=Je3YADbep9w (on-point and Rx opioids for OUD in Vancouver)
- https://www.npr.org/sections/health-shots/2017/06/11/531931490/change-from-addict-to-person-with-an-addiction-is-long-overdue?utm_source=facebook.com&utm_medium=social&utm_campaign=npr&utm_term=nprnews&utm_content=20170611
- https://www.wbur.org/hereandnow/2017/08/02/language-of-addiction



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Any questions? Reach us at





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